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THE RETURN TO THE TWO YEARS COURSE. IS IT A NECESSITY? IF SO WHY?*

It may have been two years since my breath was nearly taken away by having discussed the change from the three years back to the two years course. I confess that I thought it would end in talk and was quite unprepared to believe that certain schools, considered among the most progressive, had indeed taken the step and had returned to our starting point. When we consider the reasons good and sufficient for the change from the shorter to the longer course and the good resulting from it, good so apparent to most of us in our struggle to raise the standard, I am free to confess that I can not understand this backward step. Cause there must have been or the change would not have taken place. And in thinking the matter over (and I have given it not a little thought) I find myself wondering if managers of schools were not in fault in some cases. For instance, has not the two years' course of instruction been, in not a few schools, made to cover the three years? Did not some schools promise additional instruction in the management of schools and hospitals, this instruction to be given the third year, and did these same schools fail to make good the promise? I know well one school which made this last mistake. I know others who gave no lectures the first year. In both cases the pupil nurses felt themselves injured, nor were they backward in saying that hospitals benefited by the lengthened course while nurses did not. This discontent among nurses was pretty general in some sections of the country. Added to this is the feeling existing among some members of the medical profession that the nurses of to-day are over-trained. Silly as this idea is, it has not a little influence upon some members of our own profession. We who know that it is "the little knowledge" which is dangerous can not understand why educated men should prefer partially trained women to care for their patients. The undertrained woman who gave two 1-30 grain tablets of strychnine to a patient because the doctor had ordered 1-60 and there were none in the ward, would not have been guilty of the mistake had she had a better knowledge of medicine and doses. The doctor would have had no occasion for anger toward the

*Read before the Michigan State Nurses' Association.

nurse who did not know the meaning of p. d. q. on her order had she been familiar with medical orders and abbreviations. The young man's joke would have been recognized and the Superintendent would not have been called upon to explain to the nurse and procure a reprimand for the bright young doctor. To me it seems that a two years' course is only proper in special hospitals—that three years is none too long for the young woman in any General Hospital Training School. But the three years should be years of instruction, and the instruction should cover one year more ground than does a two years course. And I feel that necessity for the return to the two years course, if necessity there be, is largely the fault of Training School Boards—a fault which should be corrected.

LINDA S. RICHARDS.

IS THE NUMBER OF APPLICANTS FOR ADMISSION TO TRAINING SCHOOLS GROWING LESS? IF SO WHY? *

We have within the last few years heard much said upon this subject. And the consensus of opinion seems to be that there has been a large falling off in the number of applicants. And some of the larger schools have been greatly troubled in consequence. We have frequently been asked for a reason. Some suggest that our profession is becoming overcrowded and so applicants, or those who would be applicants, turn their attention to other professions. This may be so to some extent, but to my mind one very good reason for the lessened number of applicants for admission to the large schools is given in the fact that small schools have increased very rapidly in the past few years, and in nearly all instances the small hospital has its very own school. This is quite recent. When these small hospitals first came into existence the nursing was in most cases done by graduate nurses from the larger schools. Small schools were considered undesirable. It was thought unwise to organize schools, because, of course, nurses could not be well trained in a small hospital. All this has become changed, and to-day the small school finds it quite as easy to keep the ranks full as does its larger sister. I have often found that parents prefer having their daughters enter the small schools. We will find the same class of young students in the small as in the large school. Their instruction is identical and there is the advantage of the personal supervision to each individual pupil given by the Superintendent of nurses, a thing quite impossible in very large schools, and also within the last few years State Insane Hospitals have pretty generally organized training schools. These schools must for long years be considered as special schools, with usually a two years course. But the remuneration given far exceeds that of the general hospital school.

*Read before the Michigan State Nurses' Association.

These schools are large, numbering from 80 to 140, or even more. These hospitals find no trouble in keeping the ranks well filled and with nurses of the same grade as will be found in the general hospital. The shorter course, which may be supplemented with a post-graduate course and the large monthly allowance call, I think, loudly to would-be nurses and cause a smaller number of applicants to ask for admission to the larger schools in general hospitals. May it not be that the number is not so much smaller, but they have a wider field to choose from and are more scattered?

LINDA S. RICHARDS.

ANOTHER OPINION REGARDING PUPIL NURSES.

I have read with much interest the article in the September CANADIAN NURSE on "Should Nurses in Training be Paid?" I am glad the question has been raised, and hope it may be fully discussed. The matter is one of great importance, both as regards nurses and hospitals. For myself, I have gone through various stages of evolution regarding the question. I can look at it from both the hospital and the nurse's standpoint, and after years of meditation and experience am ready to answer the question unhesitatingly in the affirmative. Pupil-nurses should be paid. I do not say how much they should be paid, but certainly sufficient to defray the cost of uniforms, text-books and ordinary current expenses. Pupil-nurses should not enter the hospital expecting to save money, though many of them do. At six dollars a month one girl will be "strapped" every month before the next payday comes, while another will save at least a dollar or two a month on an average.

I do not believe they should receive anything for the first three months at least, which should be the probation term. A good many years of experience in training nurses has led me to believe that for nurses in general a three months' probation is fairer than a shorter term. There are many nurses who are so slow and apparently stupid during the first month that if a decision had to be rendered then as to their acceptance or rejection they would have had to go. By the end of the second month they had gotten over the awkward self-conscious stage, and in three months had developed unsuspected capabilities.

During the first three months the nurse learns more than in any similar period in her training. It seems manifestly unfair to pay her during that time, give her board, lodging, laundry and tuition, and then have her decide that she would prefer millinery or stenography, or that her back is not very strong, or her mother wants her to come home. Therefore, I would suggest that no allowance be paid until at least three months of experience on both sides has been gained, and she has settled such matters as millinery, spinal columns and home responsibilities.

When the non-payment system was started it was claimed that it would put an educational stamp on the nurse, add dignity to the school and so on. It was started by a few hospitals happily situated when there was a great abundance of nursing material to choose from. But, unfortunately, the prospective candidate for nursing does not always understand the indefinable dignity that working without an allowance will confer on her. She is very apt to want enough of an allowance assured to make her pecuniarily independent of her relatives while in training. It has been claimed that this indefinable dignity and educational stamp which the no-allowance system was supposed to confer would attract a superior, better-educated class of candidates. I am very sure this has been a mistake. The girls who would remain out of a school because it paid a monthly allowance are few and far between. The girls who could not afford to enter unless an allowance were paid are very numerous. I know of several schools that tried to adopt the no-payment system and very soon found themselves embarrassed for want of nurses. One large school advertised it, and in six months the school had become so depleted that they were glad to go back to the allowance. It took them a couple of years to get the training school ranks satisfactorily filled again. When I visited the school they were running thirty nurses short of their required number. It certainly leaves much less opportunity to make a selection of candidates, and a great many schools that pay no allowance lose splendid candidates every year and have to carry on their staff inferior candidates because no one else is in sight to take their places.

Thus far I am in accord with "A. E. B." I do not agree with her that the chief qualification for entrance should be an educational one, nor do I believe that test would bar out "undesirables." One of the most undesirable candidates I ever had was a college graduate, who announced on her arrival that she was a "Student Volunteer" bound for China or Africa or India, wherever the demand for her seemed greatest when she was through her training. I worried along about a month with her, and then set her free to go to a foreign shore—anywhere, so the hospital was relieved of her presence. The three first qualifications I should place as a good moral character, good common-sense and good health. If a candidate had these and a reasonable amount of education, such as might be secured in a Public school, and had a general nursing aptitude, I would have hopes of her, and could excuse her if she never learnt to spell tachycardia or cholelithiasis correctly. I admit it is provoking to have a nurse send up one examination paper after another with disease spent minus the a—and chronic minus the h—but I have had High school graduates who could not, apparently, be taught to spell some common words correctly. The rule since I have known anything about training schools has been that, "all other things being equal, candidates who have had superior

educational advantages will be preferred," and I confess I do not see how, under present conditions, that rule can be improved on. A fixed educational standard is both unwise and non-feasible at the present time. No greater mistake has been made in registration requirements in some States than the fixing of an impossible standard of education.

I wish to decidedly protest against this statement in "A. E. B.'s" article: "It looks as though those in authority care nothing for the future welfare of the nurse so long as they can get the maximum of work from her during the three years she is forced to spend under their care." There are heartless hospital superintendents and trustees, just as there are heartless nurses, and doctors, and preachers, and teachers. There are good and bad in all lines of activity, but those individuals are the exception—far from being numerous. I know from personal experience that a considerable number of nurses enter the hospital with some physical defect. It makes no difference how searching the physical examination blank sent out by the hospital is, there will be found some way to evade it. The candidate's family physician will gloss things over in a great many cases and send in a good report on physical condition. I have had a number of nurses who had sent in an almost perfect report on physical condition, who had omitted to mention such a trifling defect as a double hernia. Another had a well-developed goitre, another a wry neck, another a slight spinal curvature. I had one candidate who had sent in a splendid report on physical condition who told me inside of a week after entrance that she had suffered with "stomach trouble" all her life, and was glad now she was in a place where she could get it attended to. Another told me inside of a fortnight that she had had paralysis of her right arm, while hemorrhoids and minor gynecological difficulties have apparently developed in an astonishingly short time after arrival at the hospital. If a girl was a promising candidate and the difficulty was one that could be rectified by a surgical operation, I have always urged it, and arranged for it at some time before the nurse finished her course. I have rejected nurses on the question of health many a time, but I have yet to meet the nurse who was made either a physical or mental wreck from overwork during her training. If she entered with a physical defect and fell out by the way she has no right to blame the hospital. Lots of nurses get very tired before the training period is over, but there is a tremendous difference between being very tired and being "a physical or mental wreck." Usually the very tired girl gets rested in a month or two, and some of them in a couple of weeks. I have had dozens of nurses who have put on flesh and improved wonderfully in general health and appearance while in training. Let us be fair in discussing these matters.

I could give numerous examples from my own experience of special interest on the part of the hospital authorities in the health

of pupil-nurses. In my first year as a superintendent I had a nurse who developed rheumatism—the feet and ankle joints particularly being affected. She was an orphan and two days' journey from any relative. She needed several weeks' rest after the acute stage of the illness was over. The question was how was she to get it? Where was she to go? I spoke to a member of my board about it, and in a few days received a letter telling me that arrangements had been made for her to go to the seashore for two weeks, or longer if necessary. The nurse had never seen the ocean, and a more delighted girl I never saw when I told her she was to go as the guest of the hospital board and have all expenses paid. This is only one illustration among many that I might give of special interest shown by hospital superintendents and managers. I could give some illustrations on the other side also, but I think "A. E. B." would probably modify that statement if she had a few years' experience as a superintendent. It is hardly fair to judge all hospitals from experience with one. The greatest difficulty I have had with some nurses was to get them to tell me when they were not feeling well before they were obliged to give up. I have had four nurses report "off duty" on the same morning because of a night "spread," following the arrival of a box from home, while a too-free indulgence in ice cream soda on the part of my nurses has upset my plans (and equilibrium) many a time. What would you think of a nurse who was already "off duty" and feeling "poorly," and being on "light diet," who surreptitiously consumed the whole of a pound box of chocolate creams in one day. Please, gentle critics, do not blame the hospital authorities and the work for all the ills of pupil-nurses.

CHARLOTTE A. AIKENS.

ST. MARY'S HOSPITAL, ROCHESTER, MINNESOTA.

A new shrine of healing has arisen in the west, and the feet of many professional, as well as of lay pilgrims, are turning to a little town in Minnesota, where two young surgeons are doing some big things, in a rather quiet way.

There is nothing meteoric or sensational in the career of the Mayo brothers, though the story of the inauguration of the Hospital of St. Mary's, and their association with it, has something of romance in it. They have become widely known, not only for successful surgery, but because, in America at least, they have led the movement toward the simplification of surgical technique, especially in the complicated service of the modern operating room. The latest cry in surgery, as in the other branches of the profession, is the reactionary cry of Rousseau—"back to nature." How far the old defences may be safely removed and the old conventions ignored without danger, are questions that the

more conservative men in the profession are debating earnestly. On the other hand, the lopping-off of many non-essentials has been marked by a decided advance in the speed of operating, the cost of hospital maintainance, and in good results generally.

Trained in the good old times, when a surgical preparation was a matter of tremendous, almost of religious significance, it was something of a shock to one old-fashioned nurse to see patients arriving in the operating-room of this famous institution with no preparation of the skin beyond a soap and water bath, and the customary shaving. The contention seems to be that the action of friction and the use of irritating solutions make the skin more susceptible to infection. A roughened skin, either of the patient or operator, is to be of all things avoided. The surgeons and assistants wear gloves so that no rigorous preparation of the hands is necessary. The field of operation is washed off with Harrington's Solution and alcohol, the sterile towels fixed in place and the work proceeds.

The observer is impressed with the limited equipment in view. There is no amazing array of glass tables and solution basins and showy paraphernalia. Very little solution is used and almost no irrigating done. The appliances are simple, but convenient, the service quick and intelligent, and the work proceeds with almost incredible dispatch.

Small though they are, the two operating-rooms are arranged to give limited accommodation to the two or three score of doctors who come from far and near to attend the clinic of St. Mary's Hospital. From 8 a.m. to 2 p.m. every day, except Sunday, from fifteen to twenty-five patients are operated upon daily by the chief surgeons, the interesting features of each case being discussed and freely explained as they proceed.

There is no time here to describe the methods employed in the various operations. Dr. Will Mayo has achieved considerable distinction in the field of abdominal surgery, particularly in cases of gastric and duedonal ulcer, and gall-bladder operations. Dr. Charles Mayo has made a specialty of thyroid operations, being remarkably successful in the surgical treatment of exophthalmic goitre. In very severe cases the minor operation for ligation of the arteries, which supply the gland, is performed first, being followed in 4 to 6 weeks or even longer, by the major operation of thyroidectomy. The percentage of deaths from operation during last year was 5 in 124 cases, and recovery followed in the vast majority of cases.

The methods of treatment before and after operation are perhaps a little different from the routine practise, except that there seems to be less fuss made about everything and as little treatment as possible given. The preliminary purgative and enema is given as usual, but the long period of starvation practised by many good surgeons is not followed. Indeed, there

seems to be little emphasis placed on diet, either before or after operation, the patient generally being induced to eat as much as possible and a very full and nourishing dietary provided. For a day or so after operation, in routine cases, beer and buttermilk form the staples of diet. The patients are put up and go about much earlier than is usual in abdominal cases. In severe cases the nursing attention is as constant and careful as possible, but in the more ordinary cases any kind of coddling or extra attention is strongly discouraged. All classes of patients are treated in the same way. Very few drugs are used, the stomach pump and rectal tube being more in evidence than the hypodermic syringe and the medicine glass. One looks in vain for many familiar old friends. The scultetus binder and abdominal pad, the laparotomy sheet, and the infinite variety of dressings and bandages and intricate appliances have alike sunk into oblivion. I'm afraid the dressing carriage, with its array of basins and bottles, and its bewildering variety of solutions, bids fair to follow.

The principle of non-interference with nature healing processes simplifies the work of surgical dressing. The least possible interference with any wound is allowed, and except with very offensive discharges no bathing or irrigating solution seems to be used. The surface is gently brushed over with a swab saturated in a dilute solution of alcohol. Stitches are removed or drainage arranged or dressings applied with forceps, so that the tissues are bruised as little as possible. Granulations are seldom touched, unless they become too exuberant. In tubercular conditions, or where there are old discharging sinuses, the bismuth paste injections originated by Dr. Beck, of New York, are being used with apparently good results.

I must not complete this very fragmentary sketch without noting a fact that must be particularly gratifying to all nurses. In St. Mary's Hospital all the anesthetists employed are nurses. Miss Alice MacGaw, who has recently resigned, has completed a wonderful record in the administration of anesthetics, and is considered one of the best authorities on the subject. She has put to sleep over seventeen thousand patients without one death on the table. Sister Mary Joseph, who has also been for many years in the institution, in the capacity of chief assistant to Dr. Will Mayo, is a marvel of manual dexterity and skill. There is no limit to the possibilities in the nursing profession, for the intelligent, faithful, ambitious worker.

The training school in connection with St. Mary's is as yet in its infancy. The nursing is done largely by the Sisters and outside graduates who are employed for not less than a year's service. As far as an outsider could judge, the nursing service is little different from that of our own institutions, except that a minimum rather than a maximum of nursing attention is encouraged, and that not from any indifference to, but rather a

regard for, the patient's welfare. Where the great percentage of patients have neurotic tendencies, and have probably been over-pampered and over-treated all their days, this Spartan method seems to act well. It would need to be in wise and judicious hands, however, and could not be recommended indiscriminately to nurses generally.

I. S.

NURSING RENAL DISEASES.

One of the most common diseases of the kidneys is uremia, the name applied to a group of symptoms resulting from the retention of toxic materials in the blood which should have been eliminated by the kidney. Uremia may develop slowly or abruptly and may manifest any of the following phenomena: Headache, vertigo, delirium, epileptiform convulsions, coma, sudden blindness and transient paralysis.

Treatment.—Encourage sweating by use of vapor bath or hot pack, and catharsis by concentrated solution of Epsom salts, elaterium, gr. 1-8, or croton oil, one drop to a drachm of olive oil. Relieve renal engorgement by poultices, dry or wet cups to loins. Where patient is robust and the pulse is strong, venesection is frequently resorted to. If the pulse is very weak, alcohol, strychnine, digitalis and ammonia may be ordered hypodermically. In convulsive seizures chloral may be given by the rectum. Nitrate of amyl or chloroform by inhalation, or morphine hypodermically.

Nephritis—An acute inflammatory process, involving more or less of the whole kidney, but especially affecting the epithelium of the tubules, and glomeruli. The most common causes of this condition are exposure to cold and wet, poisons of the specific fevers, particularly scarlet fever; toxic agents, as turpentine, cantharides, carbolic, etc.; pregnancy, in which the condition is thought to result from compression of renal veins; occasionally in connection with extensive lesions of the skin, as in burns or chronic skin diseases.

Treatment.—Put patient, clad in canton flannel, in bed, between blankets. Diet consists of milk or buttermilk, light gruels. Give freely of alkaline mineral waters, water, or lemonade. Give the kidney rest by utilizing skin and the bowels. At the outset, when there is pain in the back or hematuria, the dry or wet cups give relief (the latter should not be used in the case of a child), also warm poultices, hot bath, with subsequent pack, copious diluents and a free purge. The dropsy best treated with hot pack or vapor bath. If skin does not respond to treatment, pilocarpine, usually gr. 1-6 to dose, hypodermically, saturated solution of mag. sulph., elaterium and jalap pulv. are sometimes

substituted. Severe cases in pregnancy require induction of abortion or premature labor. In some cases, where dyspnea is marked, owing to pressure of fluid in pleurae aspiration is performed, vomiting relieved by ice and restricted fluids.

For persistent albuminuria, nitro glycerine is sometimes ordered.

For anemia, after acute symptoms have subsided, iron is given. Dilatation of heart treated with digitalis and strychnia. In convalescence guard against cold. Diet, principally milk. Change of air beneficial, particulary residence in warm, equable climate.

Chronic Bright's Disease.—Following an acute nephritis, the disease may present, in a modified way, the symptoms of that affection. In many cases it sets in insidiously, after a period of failing health, and loss of strength. The patient becomes pale, and puffiness of the eyelids or swollen feet are noticed on rising in the morning.

The treatment is largely dietetic and hygienic. Residence in dry, warm, equable climate may prolong life or effect a cure. Rest is an essential element in the treatment. The underclothing should be woollen or silk. The diet should be non-nitrogenous, and in severe cases an absolute milk diet may be of extreme value. The bowels should be kept active by natural mineral waters or saline laxatives. In excessive dropsy, promote cartharsis by Epsom salts, in concentrated solution, and diaphoresis by the hot air bath or hot pack.

Floating Kidney—A distinctly mobile condition of the kidney, dependent upon a relaxation of the surrounding tissues. Most common in women of middle life, caused by congenital relaxed condition of the perinephric tissues, muscular exertion, repeated pregnancies.

Symptoms.—The right kidney is usually the affected one, probably from its relation to the liver. The kidney may be found in any part of the abdomen, as a movable tumor. A sense of uneasiness and attacks of neuralgic pain are often noticed. At times the kidney may become swollen and very tender, probably from the twistings of the renal vessels, inducing engorgement of the organ. Emotional disturbances are often excited by the condition.

Treatment.—In many cases a regulated diet, the avoidance of undue exertion, and the use of a broad binder applied firmly to the abdomen will be the only treatment required. When the symptoms persist, the kidney may be stitched in its normal place.

The nursing of diseases of the kidney requires constant vigilance on the part of the nurse, medicines and treatment given promptly and carefully, watching closely for any of the new symptoms which may at any moment develop, and report-

ing the same accurately and intelligently to the attending physician. The quantity of urine should be measured, noting change of color, etc., administering water in large quantities, and proper food, carefully prepared, regulation of temperature of room, and strict observance of all hygienic rules. Great care must be exercised during the convulsion seizures, as the patient is liable to bite his tongue or otherwise injure himself.

Toronto. ELIZABETH ROSS GREENE.

CANADIANS IN LONDON.

The Church Zenana Missionary Society welcomed a large party of Canadian delegates to meet their Missionary Sisters from India and China at the Manor House (Leigh Rd. Highbury), on June 26th. This is one of the Rest Homes, so thoughtfully provided by the Society for the use of missionaries returning from foreign countries on furlough, who may possibly have no home to go to or who need to be in London for business purposes, and alas! too often for medical care. Sir Mackworth Young spoke strongly on the need for realising the extent of the opportunity now offering for work in India especially, where there is a most definite and wide-spread cry for education among the female population. A similar desire was manifested about 25 years ago by the males, but was unfortunately most inadequately met or some of our present difficulties would have been lessened.

As a proof of the strong fellowship existing between the Canadian and English Churches it is pleasing to hear that 14 out of the 22 dioceses of Canada support the Zenana Mission, and by their help the following are wholly or in part provided:

Two Missionaries, Miss Strickland (India), and Miss Wade (China); 25 Biblewomen, 2 Teachers in Kurrachee, several scholarships, 24 individual children maintained, 1 cot at the Peshawur Hospital; in addition, the sum of £21 was most thoughtfully sent towards the Missionaries' loss through bank failure.

Mrs. Hare of Montreal returned thanks for the very kindly reception and hospitality shown to the Canadian delegates and the meeting terminated with the singing of some Indian and Chinese hymns, which sounded very weird in the English surroundings. Refreshments were lavishly dispensed and opportunities for talk amongst those of different nationalities, but of the same missionary zeal, were freely used. Curios from various foreign lands were on view and literature connected with missions was on sale. Canadian nurses would be interested in reading some sketches of medical work in an Indian village mission by Dr. Charlotte S. Vims, entitled "In and Out of Hospital" (price 1s. 6d.) which contains a very bright and realistic account of medical and nursing work in that mysterious land of India.

M. A. ELLISON.

Clinical Department

USING LITTLE BAKING DISHES.

Did you ever experiment to see how much nicer a great many foods taste if prepared in little individual baking dishes, than if cooked in bulk? One trial will convince you that for invalids this is far the best way to serve a great many different foods. These little earthenware baking dishes, flat, and holding about a teacupful can be procured at any up-to-date crockery store for from five cents each upward. They are particularly desirable for serving many kinds of vegetables and left over meats. A bit of cold mashed potato can be made into a delicious supper dish for the convalescent by adding to about three-quarters of a teacupful of potato, seasoned, an egg beaten separately. The stiff white is folded in lightly the last thing. It is then dropped into the little baking dish and allowed to come to a rich brown in the oven.

If canned corn is to be served, mix with milk, a little butter and seasoning and enough stale bread or cracker crumbs to make it spongy. Pour into the little baking dishes and bake till nicely browned. Tomatoes can be prepared in the same way.

Baked beans and macaroni also will taste better to most invalids if served in the dish in which they are baked. Scalloped potatoes will have an added charm if the little baking dishes are used. For hospital use, these little baking dishes can be set in a long baking pan to cook, and the food is less likely to become chilled by handling or on its way to the patient.

In the line of meats, left-overs may be converted into delectable dishes by a little skill in mixing and cooking and serving in these little baking dishes. A bit of chicken, that seemed too small to be worth serving, can be creamed, a little cracker crumbs added, and baked. Scalloped oysters or scalloped salmon, or a bit of white fish or mackerel never taste better than when served in this way. A bit of cold beef can be minced finely, mixed with a little cold mashed potatoes, and when baked in the little individual dishes, makes an appetizing dish which no one would dream of calling "hash."

In the line of desserts, there is almost no end to those which can be prepared in this way with advantage. Cup custards, baked rice pudding, apple and bread-crumb pudding, baked apple dumplings, and a great variety of others that will readily suggest themselves to the cook, will be made more appetizing if prepared and served in this way.

These little dishes can be garnished quite effectively, and made to add not only to the relish of the meal but to the appearance of the tray. C. A. A.

NURSES.—(*Continued.*)

Miss E. Brodie, Montreal, Que.; Miss M. A. Davidson, Montreal, Que.; Miss Jessie Macduffie, Montreal, Que.; Miss I. Chubb, Montreal, Que.; Miss I. J. Sexton, Montreal, Que.; Miss G. French, Montreal, Que.; Mrs. E. Porter, Montreal, Que.; Miss H. Dodd, Halifax, N.S.; Miss L. Archibald (Head), Halifax, N.S.; Miss M. McPherson (Head), St. John, N.B.; Miss K. Hormgold, St. John, N.B.; Miss Alice M. Downs, St. John, N.B.; Miss M. G. Morrison, Truro, N.S.; Miss G. Sothern, Yarmouth, N.S.; Miss M. E. Duncan, Sydney, C.B.; Miss M. E. Crocker, Baddeck, C.B.; Miss Florence Simpson, Causo, N.S.; Miss Annie Andrews, Fernie, B.C.

RESERVE LIST.

Miss E. G. Baker, Miss A. Barrett, Miss F. Andress, Miss E. M. E. Smith, Miss Violet Nesbitt.

THE new Lady Minto Hospital at Minnedosa, Manitoba is nearing completion. It is an attractive brick building, lighted by electricity and heated by hot water. It has an ideal location, commanding a splendid view of the surrounding country, which is very beautiful. The Hospital will accommodate ten patients. The corner-stone was laid by the Chief Superintendent of the Victorian Order on August 12.

THE Trustees of the Queen Victoria Hospital, Revelstoke, B.C., have extensive plans for a $15,000 addition to the Hospital. When completed the building will be an up-to-date hospital of forty-five beds. This Hospital has just completed its seventh year of most efficient work.

A POST-GRADUATE course in District Nursing, four months, is given at one of the Homes of the Victorian Order of Nurses, either in Ottawa or in Toronto. For full information apply to the Chief Lady Superintendent, 578 Somerset Street, Ottawa, or to the District Lady Superintendent, 206 Spadina Avenue, Toronto, Canada.

The Guild of Saint Barnabas

"Je le pansay ; Dieu le guarit." [I tended him ; God healed him.]
—*Ambroise Paré.*

Canadian District

MONTREAL.—St. John Evangelist, first Tuesday, Holy Communion at M.G.H., 6.15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild, Service at St. John's, 8.15 p.m. Last Tuesday, Holy Communion at R.V.H. 6.15 p.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss Stikeman, 216, Drummond Street.

OTTAWA—The Cathedral, First Monday.
Chaplain—Rev. Canon Kitson, the Rectory.
Local Superior—Miss L. C. Wicksteed, 494, Albert Street.

TORONTO—St. James' Cathedral Rectory, last Friday, 8 p.m.
Chaplain—Rev. Canon Edward A. Welch, St. James' Cathedral Rectory.
Local Superior—Mrs. Welch.
Secretary—Miss Maud Roger, 5 Howland Ave.

Another benefit is the badge. I was sitting in the Art Gallery of the Exhibition in Toronto one day, when a lady came running across to me and said, "I am so glad to meet somebody I know; you are a member of the Guild of St. Barnabas, and so am I." Here was the badge, and there was the other badge on her watch-chain, and we chummed (is that a good word here?) together all the afternoon and evening; we had a good time. Then, three years ago, in the city of Charleston, the Superintendent of our large hospital was going along the street and met a nurse. She said, "Excuse me, you are a stranger in Charleston, are you not?" "Yes, I am, I live at St. Louis." "You are a member of the Guild of St. Barnabas?" Her face lit up and she said, "Yes, I am; I am so glad. I am here with a patient, and I have not met anyone outside the hotel to speak to." And they went back together to the hotel. She wrote a letter to the Guild of St. Barnabas afterwards, and said, "Charleston is the nearest to Paradise that I know of." All because of the badge of the Guild of St. Barnabas.—*Chaplain Wood, of Charleston, S.C., at the Anniversary.*

My Scallop-Shell of Quiet

GIVE me my scallop-shell of quiet,
My staff of faith to walk upon,
My scrip of joy, immortal diet,
My bottle of salvation,
My gown of glory, hope's true gage;
And thus I'll take my pilgrimage.

Blood must be my body's balmer;
No other balm will there be given;
Whilst my soul like quiet palmer
Travelleth toward the land of Heaven;
. . . . . .
My soul will be a-dry before,
But, after, it will thirst no more.

—Sir Walter Raleigh.

SMALL EQUITIES.

God takes pleasure in the small equities that are apt to elude our notice, for those equities are a sign of character.—*T. G. Selby.*

THE COMMON WELFARE.

"Neither to do good nor to do evil" is a covert surrender to the powers of diabolism. The growing temper of brotherhood, bound to prevail in the no very distant future, will classify as miscreant the man who, in his refined selfishness, abstains from all part in questions that concern the common welfare.—*T. G. Selby.*

CITY SINS.

It is not only open sins that He will punish. In this judicial visitation He will bring special methods to bear, searching the inner phases of city life with fearful strictness and sharp illumination. A speck no bigger than a pin-head may sometimes contain the programme and password of Anarchy, for the Anarchist uses photography to reduce the chances of detection when he wants to communicate with his comrades and the tiny speck may set a continent in a blaze. And so with the little sins and perverted beliefs of our secret hearts. This half-articulate murmur which makes God magnificently inert may have a power of mischief in it sufficient to wreck a universe.—*T. G. Selby.*

The Canadian Nurse

VOL. IV. TORONTO, OCTOBER, 1908. No. 10.

Editorial.

A CANADIAN NATIONAL COUNCIL OF NURSES.

A movement has been on foot for some time towards the union, through their accredited representatives, of all the graduate nurses' associations in Canada. We had the honor of heralding in our July number the beginning of the movement, and it now gives us great pleasure to announce further that steps will be taken towards the formation of such an organization upon the occasion of the annual meeting of Superintendents of Canadian Training Schools for Nurses in Ottawa, on October 8th and 9th.

The President, Miss Snively, and officers of the Superintendents' Association have wisely taken the initiative by inviting all graduate nurses' associations to send one or more representatives on that occasion, and there can be no doubt that the meetings convened will take the necessary preliminary steps for organization. We hope that within a few days after this issue is in the hands of our readers the Canadian National Council of Nurses will be a reality. If there are any graduate nurses' associations who have through any mistake not received due notification of this meeting, they are requested to take action at once, either by writing to Miss Snively to give their support to the plan, or by sending representatives to Ottawa for October 9th.

THE SOCIETY OF SUPERINTENDENTS OF CANADIAN TRAINING SCHOOLS FOR NURSES.

We have great pleasure in announcing the second annual meeting of the Society of Superintendents of Canadian Training Schools for Nurses, which will be held at the Lady Stanley Institute, Ottawa, on October 8th and 9th, 1908.

The following programme has been arranged:

THURSDAY, OCTOBER 8TH.

10.30 a.m.

Call to order.
Invocation, His Lordship the Bishop of Ottawa.
Address of Welcome, His Worship the Mayor of Ottawa.
Address of the President.
Report of Council.
Minutes of Preliminary Meeting.

Report of Treasurer.
Appointment of Nominating Committee.
The Early Hospital History of Canada, Miss Meiklejohn.

Afternoon Session—3.00 p.m.

The Trained Nurse in the World's Work To-day, Miss Brent.
4.00—Demonstration at the General Protestant Hospital.
5.00—Afternoon Tea. Hostess, Miss Meiklejohn.

FRIDAY, OCTOBER 9TH.
10.30 a.m.

Report of Council.
Election of New Members.
Report of Auditors.
Unfinished Business.
Report of Nominating Committee.
Election of Officers.
Training School History, Miss Green.
Preliminary Training, Miss Stanley.
Discussion.

Afternoon Session—3.00 p.m.

A Day's Work, Mrs. Harris.
The Nursing of Children, Miss Potts.
The Visiting Nurse, Miss Shaw.

OFFICERS.

President—Miss Snively, T. G. H., Toronto.
1st Vice-President—Miss Chesley, S. L. H., Ottawa.
2nd Vice-President—Miss Livingstone, M. G. H., Montreal.
Secretary—Miss Brent, S. C. H., Toronto.
Treasurer—Miss Meiklejohn, L. S. I., Ottawa.

Councillors—Miss McDonald, V. G. H., Halifax; Miss Wilson, W. G. H., Winnipeg; Miss Henderson, R. V. H., Montreal; Miss Molony, J. H. H., Quebec; Miss Macfarlane, V. G. H., Vancouver; Miss Patton, G. H., Toronto; Miss Greene, B. G. H., Belleville; Miss Scott, K. G. H., Kingston.

Auditors—Miss Sharp, W. G. H., Woodstock; Miss Stanley, L. V. H., London.

CHANGE OF ADDRESS.

We are requested by the officers of nurses' associations to ask, as a help and favor to them, that nurses who change their residences, or addresses, or their places of work, notify THE CANADIAN NURSE at once. Our "Personal" Department is always eagerly scanned by these officers, so that they may correct their lists. By sending such information to us you perform a duty of importance to yourself, your association, and to THE CANADIAN NURSE. Always do, it please.

INCORPORATION OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

The Government of the Province of Ontario has granted the application of the Association for incorporation, and thus another step has been gained, on which we heartily congratulate the Association. Its objects, as stated in the charter, are: to advance the educational standard of nursing, the maintenance of the honor and standing of the profession, and to further necessary legislation in the interests of the public, the physician and the nurse.

The Act of Incorporation is granted to the following nineteen members: Louise Cecelia Brent, Eizabeth McLeod Patton and Kate Mathieson, Hospital Superintendents; Mabel Prudence Roden, Josephine Hamilton, Julia Steward, Ethel Bovell Barwick, Annie York, Mary Gray, Carrie Evelyn DeVellin, Lena Margaret Graves, Lucy Bowerman and Florence Janet Potts, nurses, and Agnes McIntyre Paffard, of Toronto; Annie Isabel Robinson, of Galt; Hannah Hollingsworth, St. Catharines; Frances Sharpe, Woodstock; Rose Winnifred Tilley, Kingston, and Clara Hannah Greene, Belleville.

THE FIRE AT FERNIE.

News from Fernie, Cranbrook, and Nelson, B.C., is reassuring, and shows that the great calamity has been met with courage and resourcefulness, by the inhabitants, while practical sympathy from near and far was not wanting. The patients from the Fernie hospitals were transferred safely to some of the Coal Company's sheds which had not been burned, and the refugees who did not go to friends in other places were nearly all taken to Cranbrook, where supplies were sent from all over Canada. Sisters of the Roman Catholic Church conduct a large hospital at Cranbrook and there cared for all needing hospital treatment. We are informed that the relief work at Cranbrook is admirably organized, the sanitary arrangements are excellent and all who receive help earn it unless they are unable to work. We are indebted for the above facts to Miss Edith Lumsden, Superintendent of the Kootenay Lake General Hospital at Nelson.

THE EXCLUSION OF IRELAND.

Irish nurses possess their full share of that political genius for which the nation is celebrated, and we are not surprised to see that the ill-judged action of the Irish Home Office in excluding Irish nurses from the benefits of the Registration Bill at present under discussion, has roused a storm of indignation. The Irish press has

gallantly supported the nurses. *The Irish Times, The Freeman's Journal, The Dublin Daily Express, The Dublin Evening Mail*, and other leading journals have spoken strongly. "Is what is beneficial in England and Scotland, injurious in Ireland?" asks one of them. We are indebted to Mrs. J. Kildare Tracy for a copy of the *Irish Times*, in which three columns or more are devoted to the subject, and in which a most interesting account is given of a great meeting of Irish nurses, under the presidency of the matron of the Rotunda Hospital, Miss Ramsden. *Magna est veritas, et prevalebit.*

LATER.

Advices just to hand state that Lord Crewe has already acted on the vigorous representations made to him, and that Ireland will not be excluded from the benefits of the Bill. This is good news.

STATE REGISTRATION.

For twenty-one years there has been in Great Britain not only a general interest in the question of State Registration for Nurses, but an organization to carry such legislation into effect as will enable those who need a nurse to distinguish qualified nurses from unqualified nurses.

The society for the State Registration of Trained Nurses is that organization, and they succeeded, last session, in placing their Bill before Parliament. That Bill has now passed, without opposition, its second reading in the House of Lords, and been considered in Committee. Lord Crewe, Lord President of the Council, has, on behalf of the Government, offered certain amendments, and these amendments and the whole Bill will again be considered in Committee of the whole House during the Autumn session, and will subsequently, it is hoped, receive its third reading, and be in due time considered and passed by the House of Commons.

Among the amendments proposed by Lord Crewe was one, at the request of the Irish Local Government Board, that the Bill should not apply to Ireland. Irish nurses and many Irish Lords are justly indignant at this, and will make representations on the subject to the Irish Local Government Board. Another Government amendment provides that the Council shall consist of 15 persons, three to be appointed by the Privy Council, one of whom shall be a woman; six to be registered medical practitioners, and six to be nurses. The six nurses are to be appointed at first as follows: Two by the Matrons' Council, one by Queen Victoria's Jubilee Institute, one by the Royal British Nurses' Association, one by the Asylum Workers' Association, and one by the Society for the State Registration of Trained Nurses. But when a sufficient number of nurses have been registered they are to form a constituency to elect the six nurses, in place of the before-mentioned appointment.

A third amendment provides for the recognition of "associate nurses," "having a lower standard of training than that required in the case of registered nurses."

None of these amendments, nor any part of the bill, of course, has become law. They are merely to be discussed in the autumn. But the House of Lords has, it is generally felt, affirmed the principle of State Registration for Nurses when it passed, without division, the second reading of the Bill. On this victory great congratulations to our home sisters! In winning the battle for themselves thus far in the Imperial Parliament, they have helped to win it for us and for the world.

THE BRITISH ARMY NURSING SERVICE.

Two important announcements have recently been made by the War Office in London. One establishes a Reserve for Queen Alexandra's Imperial Military Nursing Service, and the other establishes a Nursing Service for the Territorial Force. The policy of the War Office is of a thorough and progressive character, and the organization which is now being completed will give the British Army and Reserves a modern, skilled, efficient nursing service.

Editorial Notes.

DENMARK.

The Danish Nurses' Union.—Like ourselves, the Danish Nurses' Union are working for registration. The Union is flourishing greatly, and has markedly improved the position of the profession.

INTERNATIONAL

The Council of Nurses.—The next meeting will be held in London in the summer of 1909. We hope our readers will bear this in mind and plan to go.

The International Congress of Tuberculosis.—It has been arranged that, in addition to papers given by nurses in the general meetings of the Congress, and special exhibits of nurses' work, there will also be special Nurses' sessions at the Congress. The committee who have this in charge are: Miss Maxwell, Miss Goodrich, Miss Wald, Miss Hitchcock, Miss Damer, Miss Dock (Secretary), Mrs. Robb and Miss Nutting (Chairman). Tuberculosis nurses are asked to send the leading facts in connection with their work, briefly stated, to Miss Dock, at Fayetteville, Franklin County, Pennsylvania. It is desirable to show the extent and the nature of the nurse's share in the anti-tuberculosis campaign.

GREAT BRITAIN.

Nurses' Registration Bill.—Lord Ampthill, who, it will be remembered, was one of our defenders in the House of Lords against a recent iniquitous bill, has now introduced, with slight

changes, Mr. Munro Ferguson's bill. As Mr. Munro Ferguson's bill and Mr. Claude Hay's bill in the Commons have both been dropped, Lord Ampthill's holds the fort, and if it passes the House of Lords, will be all ready for the autumn session in the House of Commons.

The Glory of Mission Work.—Under the above title, *The Nursing Times* gives an interesting account of an At Home given by the matron and staff of the Chelsea Infirmary to Miss Richardson, Secretary of the Nurses' Missionary League, and Miss Fox, recently returned from Bangalore. Miss Fox gave a vivid picture of work in India, touched with humor, and full of the glory of Mission work.

"A Ranee as a patient is trying in more ways than one, and Miss Fox managed cleverly to convey an almost inconceivably difficult picture of a Ranee patient arriving with her various belongings—mothers, cousins, aunts, and cooking impedimenta—and squatting down in the middle of the nice, trim ward surrounded by the same. Again, where thirty-eight beds are provided, and fifty patients received, difficulties may be confidently looked for, whilst caste prejudice, which commands that an English nurse shall stand on the threshold of a kitchen, and watch the milk boil over, rather than contaminate it by her touch, is more humorous in the recital than the deed."

The King Saluted the Nurses.—A group of nurses in uniform, belonging to the Kensington District Nursing Association, were walking across the park one afternoon lately, when the King drove quickly by, and as he met them raised his hand and saluted them. The nurses had barely time to curtesy before the King was gone. They went home very proud both for themselves and the profession.

UNITED STATES.

Mental Nursing.—Under the leadership of Miss Julia Lathrop, a member for many years of the Illinois State Board of Charities, and now Director of the Chicago School of Civics and Philanthrophy, a summer course has been arranged, in the programme of the last named school, for attendants upon the Insane and Mentally Defective. The course is clever and original. The value of occupation for patients will receive due attention, and the course will be intensely practical as well as scientific. As *The Journal of the American Medical Association* says, "It will transform the asylum attendant into an intelligent teacher, and substitute educational for purely custodial care." We are deeply interested in this announcement, we hail it with delight, and *The Canadian Nurse* and all her readers wish it great success.

SCOTLAND.

School Nurses.—The Secretary of State for Scotland has decided that School Boards in Scotland may employ nurses or

arrange with voluntary agencies to supply nurses, and may provide appliances and other requisites. It is to be hoped that the movement for school nurses in Scotland may be as successful as it is in England. In Liverpool now there are 35 school nurses.

Nursing Section of the Scottish National Exhibition.—This section is complete, well-arranged, and placed in a most favorable position close to the main entrance. Most of the hospitals and leading firms have exhibits, but probably the most interesting and instructive are "The Crèche" and the room devoted to the Q.V.J.I., Scottish branch. Maps, uniforms, special appliances, all the heart of a nurse can desire, are shown here. From June to September are weekly lectures on Home Nursing. Great congratulations are due to the Professional Nursing Committee, which organized the section.

Miss Rachel F. Lumsden.—The death of Miss Lumsden, at the age of 73 years, recalls the great services which, as Superintendent of the Royal Infirmary of Aberdeen, she rendered to the public and to the profession. She took the post in 1885 at a time of crisis, she left the Infirmary in 1897, a model of what an infirmary should be. Miss Lumsden, who was highly connected and wealthy, always refused to accept any salary for her services. These services were gratefully recognized by all, from the Queen to the peasantry. Queen Victoria once sent her a message that "She had learned with interest and deep appreciation of the great and valued services Miss Lumsden had given with untiring zeal and self-denial to the sick and suffering of Aberdeen."

Edinburgh Royal Infirmary.—In this aristocratic and world-renowned infirmary two great events occurred within a week recently. One was the State visit of Lord Kinnaird, Lord High Commissioner to the General Assembly of the Church of Scotland, with his suite, and the other was the presentation of the prizes to the graduating nurses, a very interesting and important occasion, upon which the Lord Provost took the chair, and the Secretary of State for War presented the prizes, twenty-eight in number, to the nurses entitled to them, in every branch of the course separately. Among those who supported the Lord Provost were Sir Halliday Croom, Professor Wyllie, Dr. Barbour, and others. The proceedings opened by a garden party in the Nurses' Garden, where the invited guests were received by Miss Gill, R.R.C., Matron of the Infirmary, supported by Col. Warburton, M.D., C.S.I., the Medical Superintendent. Mr. Haldane arrived shortly after five o'clock, accompanied by his sister, Miss E. S. Haldane, LL.D., one of the managers of the Infirmary, and the Chairman of the Nursing Committee of the Infirmary.

The scene in the theatre was a beautiful and impressive one, and the speech of the Secretary of State for War was worthy of the occasion. Mr. Haldane said, *inter alia:* "In old days,

people looked for a cure to the physician and surgeon, and to them alone. The nurses, no doubt, were there, but they came in no one knew exactly where. To-day the work of the physician and surgeon is divided. The physician and surgeon undertake only their part of that work for the health of the patient, and his restoration to health has been very largely left to the nurses. Their work is based on scientific knowledge—it is a profession based on science, and this is what makes an occasion like the present so interesting a one. Technical skill is needed; there are those who have inborn gifts for nursing, no doubt, but without that knowledge these avail very little. Without it no one can take her place as a really first-rate and efficient nurse.

And the sphere of nurses is rapidly widening. More and more are nurses being called to intervene in the affairs of the State and of public life. They are wanted for the working out of the business of local government, for the care not merely of the sick, but of those who come very close to the sick—the poor, the poor who suffer, the poor who must be watched and studied that their situation and surroundings may be understood. They are wanted in great hospitals like this; they are wanted in private life, and they are wanted in country districts.

These last two years I have been very busy trying to fashion out a comprehensive organization for the country in regard to national defence. And this just means organization for war and organization in peace, which is based on preparation for war and nothing else. In doing this, I have had to survey the whole field, and in the process of building up a point was reached where the vital point was shown to be not merely the work of the Army surgeons but also that of the Army nurses, and where further organization was found to be necessary. What was wanted was that if—which God forbid—the machinery of war should be put into operation, their work should be done swiftly, efficiently, and unhampered by the want of any element that was necessary. One of these elements was the care of the wounded. So remarkable has been the progress in Army medical work that it has been found possible to reduce the provision which had to be made for the sick and wounded by a considerable percentage. They had been able to make a far better provision, and this presented them with a smaller percentage of men who required to be deducted from the fighting force. That is to say, they were able to restore people to their work more quickly than was possible under old conditions. A reserve of nurses has been created—a reserve of those who are pursuing the nurses' calling, and who have taken an engagement with the State to come forward and go to the theatre of war on its outbreak, there to do their part in the formation of the organizations necessary for the treatment of the sick. That has been carried out so far as the regular forces are con-

cerned. As regards the second line the line of home defence—the Territorial or Home Army—an endeavor is being made, and I hope before long to see it in operation to provide there an organization of Territorial Army nurses, who will take the same part in home defence as will be taken by their sisters who undertake to go abroad with the troops. (Applause.) These things only show what a far-reaching profession yours is. You come in at points which would not have been dreamed of by our forefathers, and I venture to think that as time goes on your opportunity will widen and others will open up before you. (Applause.) There is, I venture to think, no profession which has more scope than the profession of the highly-trained nurse."

ENGLAND.

Mushroom Hats.—The favorite English "mushroom hat," so shady and comfortable and stated, on the authority of *The Nursing Times*, to be exceedingly becoming and ladylike, *and also inexpensive*, have been adopted in one or two of the London Hospitals. At first the nurses disapproved, but now it seems the hats are accepted, as any hat that is at once becoming, ladylike and inexpensive might well be.

IRELAND.

Summer Meetings.—Irish nurses are going to have "a lovely time" this summer. Tea at Howth Castle demesne, garden parties at Steevens' Hospital, and at the Rotunda, and a tea at Mrs. O'Brien's cottage, Howth, are among the pleasant things in prospect. The Entertainment Committee and the officers and Mrs. Kildare Tracey, are to be congratulated.

INDIA.

The Training School for Nurses at the Albert Edward Hospital, Kolhapur.—For sixteen years the work of training nurses, as begun by Dr. George Sinclair, has gone on in this hospital, and has steadily improved in regard to the status of the nurses and the standard of the training. Dr. K. Kelakoar, a native lady, gave an interesting report at the ceremonies connected with the distribution of prizes won by the nurses. After a two years' course, ten out of the twelve nurses were successful at the final examination, and received certificates entitling them to practise as nurses and midwives. They do a great deal of good work, especially as obstetric nurses.

JAPAN

Massage in Japan.—In that interesting new book, "A Woman in the Heart of Japan," by Miss G. A. Fisher, it is stated that massage in Japan is almost entirely practised by the blind. Miss Fisher herself needed to have massage, and managed to convey her meaning by signs to the leader of a school of massage for the blind as follows: "I" (pointing to myself), "Kioto hotel" (well known to all), "massage" (making passes on my person), "to-night, nine o'clock" (showing my watch and making figures),

"how much?" (presenting money). It is astonishing how far a very little goes. The man understood me perfectly, and called to the teacher. I secured her smiling consent, and gave her my "name-card." That night, exactly on the stroke, she left her clattering clogs at the step, and sent in my card. She was ushered to my room in soft straw sandals. She slipped them off at the door and glided gracefully along in her stockings, and, with reverential bows, put me under the bedclothes. She twirled my thumbs and bent my joints, and seriously studied the rigid wrists that were stiffened by long sieges of gout. She was all tenderness and sympathy for the suffering that lurked in my frame. She made soft passes from the shoulder down, following gently the nerve lines. Not a word could we exchange, but I needed no medium of language to know that she was giving me the best of her warm heart and trained hand. She bent the toes and twisted the ankles, following the legs and moulding the knees and rubbing the thighs with the same kind care. It was funny enough to see this wee creature, so dignified and serious, creep cautiously on to the bed and kneel beside me like a tiny kitten. She folded her shapely baby hands under a cheek, to show that I must turn, and she rubbed the tired scalp and ran her little fingers over neck and shoulders. It seemed as if an electric eel squirmed its way down my back as she turned her knuckles in upon the spinal column and worked them down my vertebræ. Her touch quieted and strengthened. She had a strangely comforting power, and I drifted into a sleepy languor when her soft pat told me the seance was finished, and she slid gently away, bowing and backing from the room, a mass of smiles. Oh! little sister of the tawny skin, how much the foreigner has to learn of gentle grace and sweet demeanor! For over an hour she had knelt beside me, giving generously of her sweetness and strength. In her eyes, fifty sen were a bountiful requital for an hour of life's service. But the nervous foreign lady thought twenty-five cents a small return for the offering of physical strength and kindly love."

Dry Towels.—What nurse has not found a difficulty when washing a patient all over of preventing the towels from having a clammy feeling before the washing is completed? I have found it an excellent plan when washing or sponging at a time of year that does not call for a fire in the bedroom to carry up with me the fish-kettle full of boiling water. This I place on a newspaper near the bed, where it serves the double purpose of furnishing an ample supply of very hot water and enabling one, by using two towels, to always have a not only dry, but hot, one to apply to the patient. After the evening washing, if too late to hang the towels and washing-blanket out of doors, they can be left all night on the fish-kettle, and will be found quite dry in the morning. Moreover, it is surprising how long the water keeps warm, and can be used, if required, for any purpose during the early part of the night.—E. C. E. in *The British Journal of Nursing.*

THE ALUMNÆ ASSOCIATION OF THE COLLINGWOOD GENERAL AND MARINE HOSPITAL TRAINING SCHOOL FOR NURSES.

Officers for 1908-9: Hon. President, Miss Morton; President, Miss G. Morrison; First Vice-President, Miss P. J. Cottrill; Second Vice-President, Miss Ella Baker; Secretary, Miss J. E. Carr; Assistant-Secretary, Miss E. M. Dawson; Treasurer, Miss M. M Redmond.

Sick Visiting Committee: Miss Moore, Miss Robinson, Miss G. Morton, Miss Klinck.

The meetings are held on the last Thursday of the month at 3 p.m. in the Board Room of the Hospital.

TORONTO GENERAL HOSPITAL ALUMNÆ ASSOCIATION.

Officers, 1907-8: Hon. President, Miss Snively; President, Miss A. Muir, 505 Sherbourne St.; 1st Vice-President, Miss H. Fralick, 12 Selby St.; 2nd Vice-President, Miss M. Tweedie, 53 Langley Ave.; Treasurer, Miss Halbhaus, 12 Selby St.; Recording Secretary, Miss Mary Roberts, Grange Ave.; Corresponding Secretary, Miss Samson, 12 Selby St.; Directors: Miss Hall, Miss Burnett, Miss Crosby, 12 Selby St.

Conveners of Standing Committees: Sick Visiting, Miss Alice Stewart, General Hospital; Registration, Miss Lucy Bowerman, Sherbourne St.; Programme, Miss Ida Beam, Selby St.; Social, Miss Younger; Look-out, Miss Baldwin; Press and Publication, Miss M. E. Christie, 19 Classic Ave.; Representative of the Central Registry Board, Miss B. Crosby and Miss Purdy; THE CANADIAN NURSE Representative, Miss Frieze.

THE ALUMNÆ ASSOCIATION OF THE HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Officers, 1907-08: Hon. President, Miss Brent; President, Miss Gowans, 5 Dupont St.; 1st Vice-President, Miss Barnard, 608 Church St.; 2nd Vice-President, Miss Ellrington, 15 Selby St.; Recording Secretary, Miss Sale, 116 Binscarth Rd.; Corresponding Secretary, Miss Robertson, 182 Walmer Road; Treasurer, Miss Mary Hill, 105 Roxborough St. East; Secretary of Invalid Cookery Book, Miss Mary Gray, 505 Sherbourne St.

General Business Committee: Convener, Miss Barbara Goodall, 666 Euclid Ave.; Miss Jenny Gray, Deer Park P.O.; Miss Bennett, 505 Sherbourne St.; Miss Kirkby, 266 Gerrard St.; Miss Adams, 85 Isabella St.; Directors, Miss Halley, 24 Elgin Ave.; Miss Leman, 20 Boswell Ave.; Miss Clark, 85 Isabella St.; Representatives to Central Registry, Miss Cooper, Miss J. Hamilton. Representatives on Editorial Board of THE CANADIAN NURSE, Miss Hamilton, Miss M. Gray.

Meetings are held on the second Thursday of the month in the Nurses' Residence at 3.00 p.m.

Question Department.

THE NURSES' ROOM.

TO EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—Is there any hospital in Ontario which has set aside a private room for their nurses when ill, furnished and kept up by the nurses? If so, is it kept especially for the nurses or do patients occupy it?

Are the nurses a first or secondary consideration?

A GRADUATE NURSE.

Guelph, July 8th, 1908.

Correspondence

LETTER FROM INDIA.

MY DEAR MISS BOWERMAN,—I want to thank the Alumnæ Association of Toronto General Hospital for their generosity in making missionary nurses honorary members of the Society. I enjoy very much reading THE CANADIAN NURSE, and feel quite proud of this promising "Infant."

Our hospital in Indore has 30 beds, and we have an average of 25 patients the year through, all women and children, of course, as this is what is called a Zenana Hospital. The majority of our cases are obstetrical and gynæcological. Many of the latter are not operative cases, and the treatment of such in the wards is very monotonous and uninteresting. But one feels well repaid in seeing them improve, perhaps as much from rest and comfort, as from medicine and treatment. Many suffer cruelly from the harsh treatment of the native midwives. I might tell you of a few cases I know of: One woman came two weeks after childbirth in a dreadful condition, and a "dhai," as these native midwives are called, had cut the cervix in several places to hasten delivery. The woman died.

* * * * *

I have four nurses in training and would be glad to have two more, but accommodation is limited at present. These native girls make very good practical nurses, but the book work is difficult for them, as they know little English. The course of instruction is very simple. I have sent the little book of Nursing Lessons used by most hospitals in India, to Miss Snively, and she will, I am sure, be pleased to show it to you. Two years ago a Society of Nursing Superintendents was formed in India with a view to improving the nursing service in our hospitals, and many feel that this book is too simple, and are advocating training girls of better education, and giving a more thorough training. Superior women are needed as staff nurses, as I have found the average

native girl is deficient in the qualities that go to make leaders. They will not take orders from another, but will work harmoniously if all orders are given by the Superintendent, Miss Sahiba. The nurses are all fond of obstetrical work, and excel in it. We had a case of extra-uterine pregnancy in the hospital last year. She was successfully operated on, but 10 days after, profuse hemorrhage came on and she died. The child was dead when delivered. Some of our patients are a trial to us. Just as they are beginning to improve some one appears from home and announces that a relative has died, or is to be married, and the sick woman must go. It's no use to coax them to stay, for they begin to think we have some deep motive hidden behind our apparent benevolent desires for her good, and are more determined than ever to go. Very often it is a made-up story, and the secret is, that the husband is tired of cooking his own food and so the poor woman must go. Kipling's words are often on our lips in India:

"Watch sloth and heathen folly,
Bring all your hopes to naught."

A woman came for her confinement, and the day after delivery insisted on going home, and went over rough roads, in a bullock cart for miles to a village. One wonders what happened to her. Just a few days ago a Mohamedan mother brought her dear little boy suffering from enteric fever. He was very ill, and just as his temperature dropped to normal she insisted on going home, because of a special feast of her religion following a month of fasting.

This Mohamedan fast is rather a fraud, as though they won't eat or drink anything from sunrise to sunset, they eat heartily enough at night, and get up at 3 o'clock to cook and eat food.

But all our patients are not so disappointing. To many the clean beds, the attentive nurses, and the kindness shown them is a revelation, and they are very grateful. The women in heathen lands suffer in nameless ways, and it is a joy to do something to comfort and help them. Many are quite indifferent to the Gospel message of love, but to others it brings new life. A patient who came last year with the beginning of cancer in the cervix, and who refused an operation, is slowly dying. Her faith, and her love for Jesus is bright and clear, and she is confident that she will soon be with Him. We go to the homes of our patients who have shown an interest in the Gospel, and are always heartily welcomed. The nurses take turns in going with an older woman, or one of the missionaries, and often have a crowd of women to listen to the sweet story of salvation.

I think one never knows how wonderful is the love of Jesus in coming to die for us, till one sits before a heathen audience. Then is the time one feels one's helplessness and lack of power, and must rest on the power of the Holy Spirit to awaken these dead souls. As this department of our work is ever kept uppermost, we do not manage our hospital as we would if it were used only

for the healing of sick bodies. We have to allow much to pass unseen that would not be allowed in a home hospital. The patients, especially those from villages, love to tuck all sorts of things under the pillow or mattress, and pots and pans under the bed. One has to patiently teach them to keep their things in a box in a back room, over and over, and by the time they have learned the lesson, they go home, and a new lot come, and the same process is gone through. Some are *so* dirty in their habits. But my letter is too long, so I must close. Wishing you all success, I remain.

Yours faithfully,

HARRIET THOMSON.

The Contributors' Club.

FIRE DRILL.

TO EDITOR OF THE CANADIAN NURSE:—

DEAR MADAM,—Your letter has been received, and in reply I send you a pamphlet containing the Fire Rules and Regulations for Bellevue Hospital, which I trust will be of service to you.

Very truly yours,

M. J. RICKARD,
Acting Superintendent.

Bellevue and Allied Hospitals, New York.

FIRE RULES AND REGULATIONS FOR BELLEVUE HOSPITAL.

WHISTLES.

Fire alarm signals by whistles are arranged in divisions as follows:

Div. No. 1—Continuous blast of whistle indicates a fire in the south section of main building.

Div. No. 4—One long and three short blasts of whistle indicate fire in the north section of main building.

Div. No. 3—One long and two short blasts of whistle indicate fire in any of the following buildings: Mills Training School, Psychopathic Wards, Phthisis Wards, Dispensary, Alcoholic Wards, Erysipelas Wards.

Div. No. 4—One long and three short blasts of whistle indicate fire in Sturgis Pavilion, Laundry, Ward 34, Boiler House, Stable, Patients' Clothes Room.

Div. No. 5—Two long blasts of whistle indicate fire in Marquand Pavilion.

Div. No. 6—Two long and one short blasts of whistle indicate fire in General Drug Department, Engineers' Shop, Paint Shop, Catholic Chapel.

Div. No. 7—Two long and two short blasts of whistle indicate fire in Carpenter Shop, Cook House.

Continuous ringing of bells in any part of Institution indicates fire.

TELEPHONE OPERATOR.

When alarm of fire is indicated from any building or ward, the operator shall at once sound the division signal on bell to engineer, and all bells throughout division in which fire is located, after which he shall direct responding companies to location of fire. In case of fire at night, he shall sound all bells in sleeping quarters of local fire companies. He shall also call the city fire department unless otherwise ordered by commanding officer.

ENGINEERS.

Upon receiving notice of fire by bell signal from Central Office, or otherwise, the engineer shall at once sound on whistle the signal of division in which fire is located, repeating the signal three times. He will be held strictly responsible for the proper condition of the whistle at all times.

CHIEF AND HIS ASSISTANTS.

Upon an alarm of fire, the chief shall go at once to its location, and assume charge of and direct companies. All orders given by him shall be instantly obeyed; he shall be held strictly accountable for the proper condition of all fire appliances. In his absence his assistants shall command.

HOSE COMPANY AND OFFICERS.

Upon an alarm of fire, the captain shall get location from Central Office, and direct his company there. He shall see that the hose is properly "stretched in" from standpipe or hydrant nearest fire, and order the water turned on and off as the chief directs. When ordered to "take up" the hose, the Captain shall see that it is returned to its proper place in good condition. His assistants shall command in his absence.

Members of hose company shall respond without delay whenever fire alarm is sounded and "stretch in" hose, prepared to "play away" when ordered to do so by officer in charge.

The hydrant man shall turn water on and off at command of officer.

EXTINGUISHER COMPANY AND OFFICERS.

Upon an alarm of fire, the Captain shall get its location from Central Office, and direct his company there. He shall order his company to operate extinguishers as found necessary. He shall see that all extinguishers used are immediately cleaned, recharged and returned to their places. In his absence his assistant shall command.

The Health of the Nurse

The success of your case—the winning back of a life often depends upon the degree of hard work—sustained effort and constant watching you can undergo.

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PHONE ORDERS PROMPTLY ATTENDED TO

The members of this company shall respond without delay whenever fire alarm is sounded, taking nearest extinguishers with them, and operate them on fire as per drill instructions when so ordered by officer in charge.

After an alarm of fire, the commanding officers of the different companies shall call the roll and report to the Chief the names of the men responding.

STRETCHER CORPS.

Upon an alarm of fire, the stretcher corps shall respond at once with stretchers, prepared to remove patients when ordered to do so by the doctor in charge.

HOUSE STAFF.

Upon an alarm of fire, members of the House Staff shall go at once to their respective wards, take charge of the patients and direct their removal if necessary. They shall also see that all doors and windows in their locality are kept closed until all danger is over. Should removal of patients be necessary, they shall direct the Stretcher Corps as to best means of exit.

NURSES, EMPLOYES, ETC.

When fire is discovered, quickly turn in alarm by fire signal or telephone to Central Office, after which get nearest fire extinguisher and operate on fire as per drill instructions. See that all doors and windows are closed. Nurses on duty shall remain in their respective wards and assist the House Staff in caring for patients. Nurses not on duty shall report at once to doctors in wards nearest fire, and follow their directions.

ELEVATOR MEN.

Upon an alarm of fire, the men in charge of elevators shall keep them running until all danger is past.

Everybody shall work quickly and quietly, avoiding all excitement.

Upon the arrival of the city fire department, the local organization shall retire to wards nearest fire to assist in removing patients if necessary.

Fire duty being the first duty of all attaches of this hospital, these rules will be strictly enforced whenever the fire alarm is sounded.

Telephone office is designated as Central Office.

These rules also apply should fire occur in an adjoining building.

Prepared by Frederick A. Ross, Fire Expert and Drill Instructor, 205 West Twenty-third Street, N. Y.

Approved:

WILLIAM MABON,
Superintendent.

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Hospital and Training School Department.

THE Hospitals at New Liskeard and North Bay have been taxed to their utmost the past six weeks with typhoid patients.

BADDECK, C.B., has had an epidemic of dysentery of a most virulent type, and the V. O. Nurse has been kept very busy.

DR. EDITH BEATTY, the newly-appointed Superintendent of Grace Hospital, is spending the month of September at the New York and Baltimore Hospitals.

ON Sunday evening, September 13th, the Rev. Dr. Milligan, of Old St. Andrew's Church, preached an eloquent discourse with special reference to the graduating class of Grace Hospital, taking as his text Luke x. 38. A large number of the nurses and their friends were in the congregation.

THE V. O. District Nurse in Fernie, B.C., escaped from the terrible fire of July uninjured. In a letter she says: "Neither tongue nor pen can describe this disaster. I heard a man say, who had passed through the California disaster, that it was 'slow' compared with the Fernie fire."

MRS. M. L. V. WOODS, a graduate of Grace Hospital, will be in charge of the Hospital and Training School until Dr. Edith Beatty takes up her new duties as Superintendent of the Hospital, about October 1st, when it is understood the Board of Governors will appoint a Superintendent of the Training School for Nurses.

WORK has been begun on the new wing of the Victorian Hospital at Thessalon, Ont. This will give accommodation for thirteen patients, making the hospital a twenty-four bed one, and will supply more comfortable quarters for the nurses. The Matron, Miss Elizabeth Dodds, was obliged to resign, on account of illness at home, and Miss Violet Nesbitt has received the appointment, and entered on her duties September 10th.

DR. EDITH BEATTY has been appointed Medical Superintendent of Grace Hospital, Toronto. Dr. Beatty, after graduating at Toronto University, was for some time Resident in Dr. Groves' Hospital at Fergus, and afterwards practised in Guelph. In both of these places the Doctor made many friends and added to her high professional standing. We congratulate the Hospital, as well as Dr. Beatty, upon the appointment, and cordially welcome Dr. Beatty back to Toronto. We understand, of course, that a Superintendent of the Training School for Nurses of Grace Hospital will shortly be appointed to fill the place left vacant by the resignation of Miss Patton on her approaching marriage, but the appointment has not yet been made. We hope, however, to make an official announcement of this appointment in our next number.

A Tempting Delicacy for the Invalid

THE NURSE'S FAVORITE DIET for her patients during convalescence, when the invalid must be tempted to eat wholesome and easily digested food, is

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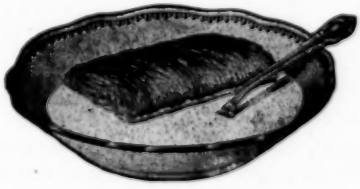
Nature's perfect health food, it nourishes better than any other cereal. It is simply the whole wheat berry shredded, and made palatable—with health and strength in every shred.

It aids digestion and keeps the bowels in proper working order. Your patients will relish Shredded Wheat Biscuit and Triscuit.



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THE Children's Memorial Hospital publish a charming little illustrated paper called *Dawn*, which is devoted to their work, and is intended to aid in making it known and helping to support it. We have read it all with the greatest interest, and hope soon to be able to publish more about the work of the Children's Memorial Hospital in Montreal and the coming Children's Hospital in Winnipeg and others. There should be more Children's Hospitals in Canada. We all believe in Children's Hospitals with all our hearts.

A SPECIAL meeting of the O. G. N. A. Executive Committee was held at Grace Hospital August 21st, 1908, to appoint a committee to represent the Association at the annual meeting of the Association of Canadian Superintendents of Training Schools for Nurses, to be held in Ottawa October 8th, when arrangements will be made to have Canada a link in the chain of the International Associations. The Committee appointed were: Miss Mathieson, Riverside Hospital; Miss Woodland, Western Hospital; Miss Brent, Hospital for Sick Children.

SIR HENRY PELLATT was the chairman at the graduation exercises of Grace Hospital, which took place in the Hospital Theatre on Saturday evening, September 12th, and were most pleasant and successful. Interesting addresses were delivered to the graduating class by the chairman, by Dr. Falconer, President of the University of Toronto, and the Hon. G. A. Cox. One of the chief events of the evening was the presentation of an illuminated address and a cabinet of silver to the Superintendent, Miss E. McL. Patton, on her resignation. The services of Miss Patton, who has been in charge of the Training School for seven years, are greatly appreciated by the Board of Governors. The valedictory address was given by Miss Mabel Jewison. The graduates are: Misses Mabel Jewison, Ethel Blackhall, Adeline Watt, M. Lowry, Jane Wilson, M. Jenkins, H. M. Putnam, Pearl Stratford, Isabel Sloan, Elizabeth Brodie, Ella Warnica, Nora Smith, Maud Greer, Olive Carter and Ruth Webster.

One of the most charming and successful graduating ceremonies of the summer of 1908 was that held at the Owen Sound General and Marine Hospital, at which eight nurses graduated: Misses Mary E. Linn, Kilsyth; Evaline E. Walker, Owen Sound; Mary E. Jackson, Paisley; Carrie S. McLean, Owen Sound; Jennie S. Garbutt, Toronto; Barbara Jack, Bognor; Mattie McLaughlin, Hamilton; Mary Matheson, Massie. The scene of the event was the fine lawn of the Hospital, on which at least three hundred people assembled. Mr. John Armstrong, President of the Hospital Board, was in the chair, and before proceeding to address the gathering read a telegram from Mayor Kennedy, who was obliged to be in Hamilton, and was, therefore, unable to be present. The chairman, in an interesting address, outlined the history, organization, and work of the Hospital. Miss Duncan, the Lady Super-

Tonsilitis
Bronchitis

Abscesses
Boils

INFLAMMATION'S ANTIDOTE

APPLY HOT AND THICK

Ulcers
Erysipelas

Synovitis
Lymphangitis

intendent, then presented an admirable annual report, showing that the Training School now has twenty-three graduates. At the final examination the average percentage on all subjects ranged between 70 and 82 per cent. In class standing and general proficiency, Miss Carrie S. McLean passed with highest number of marks. In practical work, Miss Mary E. Linn stood even, with Miss McLean. On all subjects, Miss Evaline E. Walker comes second in number of marks, and first in surgery, anatomy, and physiology, for which Dr. Lang awarded a gold medal. The presentation of diplomas and medals by Mr. R. J. Ball, of Hanover, Warden of the County of Grey, followed. Mr. Ball made an able speech, in which he showed his appreciation of the hospital, and emphasized the importance of its work. Assisted by Mr. Armstrong, the Warden made the presentations to the nurses. Rev. G. A. Woodside addressed the graduates, after which Miss McLaughlin gave the valedictory address. Solos by Prof. Wildgust, music by the Heather Bell Orchestra, and a recitation by Miss Matheson were much enjoyed. The Hospital grounds were well lighted and the surroundings were in every way delightful.

[The Editor greatly regrets that this account has been delayed, owing to a mistake.]

FEW printed documents of any kind have reached us as dainty and generally attractive in appearance as the 1907-8 report of the Montreal General Hospital Alumnae Association. It is done in brown and tied with scarlet cord. The contents, consisting of all the reports and the President's address, are exceedingly interesting. Miss F. M. Shaw, the President, speaks in the address of the large membership—over one hundred—and of all the events and undertakings of the year, and concludes by asking the members to take up their individual responsibility for the Revision of the Constitution and "The second matter to which I ask you to give a full measure of thought, is the question of how we may best develop in and through our Association the spirit of Professional Responsibility.

"That spirit which is essential to any true advancement of the professon of nursing, the promotion of which is one of the objects of this Society. That spirit whereby we realize our duties to the whole nursing body—to the state, to humanity, not merely to our own Association and School."

THE Guelph General Hospital Alumnæ Association held their first reunion in the form of an "At Home" on the Hospital grounds on August 6th. Many of the graduates from various parts of the United States and Canada, former House Surgeons, with the doctors and their wives, and governors and their wives, were present. The grounds were beautifully illuminated with Chinese lanterns. The tables, over which Mrs. Howitt and Mrs. Powell presided, were tastefully arranged with nasturtium. The nurses in uniform added to the beauty of the scene, and were most assiduous in their efforts to make everyone enjoy the "At Home." The guests were received by Miss Smith, Superintendent of Hospital, Mrs. Ander-

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For detailed information write to the Principal of Training School.

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son, Vice-President, and Miss Walker, Secretary of the Alumnæ. Dr. Mackinnon added greatly to the entertainment of the evening by giving a very witty address. Thain's Orchestra rendered a number of selections.

It is stated that the new Alberta Sanatorium, which will cost $35,000.00, may be built at Strathcona.

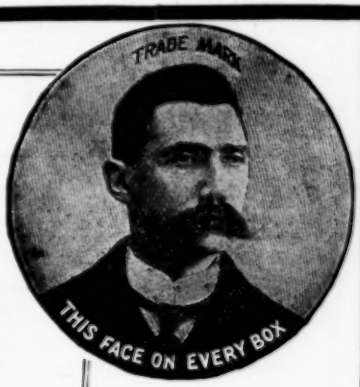
The ladies of Victoria, B.C., have collected more than one thousand dollars for the maternity ward of the Royal Jubilee Hospital.

Plans for the Sanatorium for Manitoba are in contemplation, and meantime experts are preparing a report on the best site. The two sites mentioned are Ninette and Bird's Hill.

The members of the Ottawa Graduate Nurses Association will entertain the Canadian Superintendents of Training Schools during the Ottawa Convention at a reception to be held in the Russell House, on October 9th, 1908.

The Annual Report of the Prince Edward Island Hospital for the year 1906-1907 is an interesting pamphlet of sixty pages, and contains a picture of the Hospital, the Rules for Patients, passed in 1883, and the By-Laws, passed in 1884, an account of the Annual Meeting, Annual Reports, Lists of Benefactors, &c. The number of patients admitted was 328, and the total receipts about $7,000.00, in addition to the amount of $9,000.00 in the Endowment Fund. There are now twenty-four graduates of the Training School, which was established in 1891.

The Immigration Hospital at Quebec was busy during the Tercentenary, and the staff and officials had but little opportunity to see the great sights. However, the military camp, which was situated at Savard Park, surrounded the hospital, and as nine thousand men were under canvas, the camp made up somewhat for the many other things missed. It was certainly most interesting. The day began at 5.30 a.m., with one of the bands playing, assisted by one of the artillery cannons in waking every one up, which, needless to say, made a very lively start for the day. The constant drilling, marching, etc., made an animated scene. The Field Hospital was situated opposite ours, with Montreal General Hospital doctors in charge. They were all kept busy, the ambulances and stretchers passing to and fro all day long. How glad we were to have had no serious accidents, except the very sad case of drowning in the River St. Charles. The Field Hospital could take in 48 patients. They were kept for 48 hours, and if the case proved serious the patient was sent up to the permanent hospital at the De Salaberry camp. As to the celebration in Quebec, from all our Quebec friends have told us, it was most successful. The pageant can hardly be described. One would think while walking through the streets of Quebec that one had dropped back to the olden times, to meet men, women, and children in costumes



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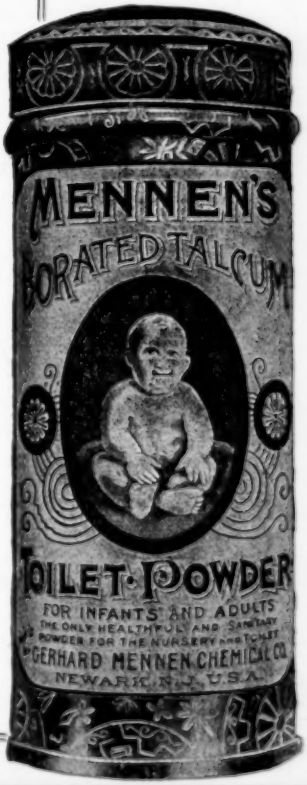

of three hundred years ago going through the streets with the greatest composure. Miss McIntosh, Superintendent of the Immigration Hospital, was fortunate enough to see the Prince, and also saw Lord Roberts, the latter she saw twice, at the pageants and while inspecting the Savard camp.

Personal.

Miss Pierce, of the R. I. Hospital Nursing Staff, is spending a vacation at Calgary and Banff, Alberta.

Miss Blythe, V. G. H., has accepted the position of Night Superintendent in the Minor Hospital, Seattle, Wash.

Miss Molony, Superintendent of the Jeffrey Hale's Hospital, was away for a holiday during August.

Miss Amy Taylor, graduate of R. I. Hospital, Kamloops, 1907, has accepted the position of surgical nurse at that Hospital.

Miss Greenway, of St. Luke's Hospital, Newburgh, N.Y., spent her vacation with her family at 232 Markham Street, Toronto.

Miss Moore, of the Queen Victoria Hospital, Revelstoke, B.C., is spending a few months vacation at her home, Orangeville, Ont.

Miss McPherson has been appointed School Nurse by the Brantford Board of Education at an annual salary of $500.00.

Miss Snively, Lady Superintendent of Toronto General Hospital, spent the month of August on the Coast of Maine at Scarboro Beach.

Miss Agnes H. Allison, of the staff of the Massachusetts General Hospital, came to her home, Bleecker Street, Toronto, for the holidays.

Miss E. A. Cochrane, Winnipeg General Hospital, 1904, has recently been appointed matron of the Royal Inland Hospital, Kamloops.

Miss Pickles, formerly Assistant Superintendent at Grace Hospital, Toronto, has been appointed Superintendent of Kingston General Hospital.

Miss J. K. Callin, Winnipeg General Hospital, 1903, has gone to Edmonton, Alberta, to take a position on the nursing staff of the Isolation Hospital.

Miss Eva Worth, of Vancouver, graduate of Harper's Hospital, Detroit, 1904, has accepted a position on the staff of the R. I. Hospital, Kamloops.

Miss Leslie, graduate of G. G. H. and superintendent of the King's Daughters Hospital, Portsmouth, Va., U.S., is spending a month at her home in Guelph.

KEPHYR

"Soured milk, because of the lactic acid in it, can impede the putrefaction of meat."—Metchnikoff.

"As lactic fermentation serves so well to arrest putrefaction in general, why should it not be used for the same purpose within the digestive tube?"—Metchnikoff.

"The action of Kephyr in preventing intestinal putrefaction depends on the lactic acid bacilli which it contains."—Metchnikoff.

"Metchnikoff believes that the inherited structure of the human large intestine and the customary diet of civilized man are specially favorable to the multiplication of a large number of microbes that cause putrefaction. The avoidance of alcohol and the rigid exclusion from diet of foods that favor putrefaction, such as rich meats, and of raw or badly cooked substances containing microbes, do much to remedy the evils. But the special introduction of the microbes which cause lactic fermentation has the effect of inhibiting putrefaction. By such measures Metchnikoff believes that life will be greatly prolonged and that the chief evils of senility will be avoided."—P. Chalmers Mitchell.

Kephyr is sterilized cow's milk that has undergone special fermentation through the introduction of a mushroom, called Kephyr-seed, or Dispora Caucasia, and a yeast, Saccharomyces Cerevisiae. One of these ferments affects the lactose, and produces lactic and carbonic acids and a small amount of alcohol; the other acts on the albuminoid substances, on the casein in particular, which latter undergoes partial precipitation and digestion, producing both peptones and propeptones.

Physicians are prescribing Kephyr with great benefit in cases of Anemia, Chlorosis, Tuberculosis, Kidney and Liver diseases, and affections of the Stomach and Intestines. Professor Hoppe, M.D., of Basel, Switzerland, says: "Kephyr is Milk and Wine at the same time." It is specially beneficial in building up the strength after acute illness, such as Typhoid Fever, Inflammation of the Lungs, and all infectious diseases, and after grave operations.

Kephyr is similar to Buttermilk in taste and appearance; it is, however, very different, being prepared along scientific lines, and is more nutritious, as it contains all the butter fat of Whole Milk.

Kephyr can be used quite freely and at any time.

The following comments from Toronto Physicians are used by permission.

"I have had the opportunity of ordering for several patients Pumer's Swiss Kephyr, and they have found it uniformly satisfactory for the purpose for which it was prescribed."—Dr. W. H. B. Aikins.

"Regarding Mrs. Pumer's Kephyr, I am acquainted with the article, and consider it the best that I have been able to obtain."—Dr. W. P. Caven.

"I have used Mrs. Pumer's Kephyr in my practice with very good results. It is of fine quality, and the best thing of its kind I have seen."—Dr. A. H. Garratt.

"I have no hesitancy in stating that Kephyr is a valuable preparation. In evidence, I have recommended it twice to-day, once to a Physician."—Dr. John B. Hall.

"It is certainly a most excellent food (Kephyr) and it differs very largely from Koumis, being a different ferment. I know Mrs. Pumer, and she is thoroughly reliable in this regard."—Dr. Edmund E. King.

"Mrs. Pumer makes an excellent preparation of Kephyr. I am able to say so, having made trial of it in my own family, and those patients to whom I recommended it were highly pleased with the article."—Dr. W. J. Wagner.

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Price per Pint Bottle, 15c, or 3 Milk Tickets.

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Miss Leadley, graduate of the Guelph General Hospital and President of the Alumnae Association, has accepted a position at the Victoria Hospital, Prince Albert, Sask.

Miss Milledge (Aberdeen, N.S.), who practises private nursing in Quincy, Mass., has returned to N. S. to spend a vacation with friends. She enjoys her work very much and has met with success and kind friends.

Miss Densmore, graduate of General Hospital, Portland Maine, has paid her Nova Scotian friends a visit. The Portland school have the eight hour system which has proved a success and much appreciated by the nurses.

The marriage of Miss Nellie Campbell, T. G. H., formerly Assistant Superintendent of the Vancouver General Hospital, to Mr. Albert Chambers, son of Mr. David Chambers, Vancouver, took place in St. Andrew's Cathedral, Honolulu, July 25th.

The many friends of Miss Monica Green, St. Joseph's, Victoria, B.C., formerly charge-nurse O. R. Juneau, Alaska, will be glad to hear she has made good recovery from her severe illness, and is to make a trip to the Old Country before beginning work again.

Mrs. M. C. Jackson, Superintendent of the Public General Hospital, Chatham, Ont., is spending a month's vacation at her home in Niagara Falls, Ont. Miss Helen Brighty, a former graduate of the hospital, has charge in her absence.

Miss Barker, recently matron of the Royal Inland Hospital, Kamloops, B.C., was married at Victoria, B.C., on Saturday, August, 15th, to Dr. J. S. Burris, of Kamloops. Before leaving Kamloops Miss Barker was presented with a silver coin purse by the nurses of the hospital staff.

Miss E. M. Pemberton, graduate Montreal Western Hospital and Edinburgh Royal Infirmary, in company with Miss M. B. McKeil, graduate V. G. H., Halifax, have recently opened a private Hospital, "Restholm," in the city of Halifax, Restholm is pleasantly situated facing Halifax Common. The building has been put in thorough repair and renovated throughout, and certified to be in a perfectly sanitary condition. The grounds extend through to Bauer Street. We trust these nurses may meet with success.

The marriage of Miss E. McL. Patton, Superintendent of Grace Hospital, to Dr. C. J. Currie, of Toronto, took place at Old St. Andrew's Church on September 14th, the Rev. Dr. Milligan officiating. The church was beautifully decorated, and the wedding reception immediately afterwards at Grace Hospital was a unique and happy occasion.

Buckland.—At Kerrisdale, B.C., June 20th, the wife of C. C. Buckland (nee Miss Wilshire, graduate Sydney General Hospital, Australia), of a son.

Minor Medicine

By W. E. WYNTER, M.D.

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Practical Nursing. Isa Stewart and H. E. Cuff, M.D. Edinburgh and London: William Blackwood & Sons. 5s.

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School Hygiene. Robert A. Lyster, M.B., D.P.H., B.Sc. London: W. B. Cline, 157 Drury Lane, W.C.

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The Good Neighbour. Mary E. Richmond. Philadelphia and London: J. B. Lippincott Co.

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The Efficient Life. By LUTHER H. GULICK, Director of Physical Training in the New York City Schools. New York: Doubleday Page & Co.

This book is dedicated to President Roosevelt, "who sometimes leads the simple life, who often leads the strenuous life, but who always leads the efficient life," and consists mainly of the lectures delivered at the School of Pedagogy of New York University, prepared partly by Mr. Harry James Smith of the *Atlantic Monthly*. The eighteen chapters contain a large amount of practical wisdom on how to work well and take care of ourselves. The author does not believe in waste of life, of strength, of opportunity, and shows how to avoid it. One of the best chapters in the book is the last, "Growth in Rest," in which he pleads for a "margin" in which we really live.

Modern Medicine. Edited by WILLIAM OSLER, M.D., assisted by THOMAS MCCRAE, M.D. Volume II. Infectious Diseases. Philadelphia and New York: Lea Brothers & Co. Toronto: D. T. McAinsh, 123 Bay Street.

It is probable that none of the volumes of this great system of medicine will surpass this in practical interest. Typhoid, Influenza, Pneumonia, Rheumatic Fever and the Diseases of Childhood, etc., are dealt with by fourteen American physicians, one English, one German, one Japanese and one Canadian. Dr. Osler's influence is evident throughout the volume, though none of the articles are written by him. The work is thoroughly modern. There is no better work available for any library, and we unhesitatingly commend it to our readers.

Medical Gynaecology. By HOWARD A. KELLY, A.B., M.D., LL.D., F.R.C.S. (Hon. Edin.), Prof. of Gynaecological Surgery in the Johns Hopkins University. New York and London: D. Appleton & Co. Toronto: D. T. McAinsh, 123 Bay Street.

Few books have received as enthusiastic a welcome as this. Indeed we have heard with satisfaction, almost with relief, of its appearance, inasmuch as we really had no text book on this subject previously and no one could have written it better than Dr. Kelly. Ten collaborators have aided him, among whom are Dr. L. F. Barker, Dr. Pierce Morrow, Dr. Lilian Welsh, Dr. Mary Sherwood, and Dr. Caroline Latimer, who have written respectively the chapters on Functional Nervous Diseases met with by the Gynaecologist, Syphilis, The Hygiene of the Growing Girl, while of Dr. Latimer Dr. Kelly says, "without her aid it could not have been written."

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The Psychic Treatment of Nervous Disorders. By DR. PAUL DUBOIS, Professor of Mental Pathology in the University of Berne. Translated and edited by S. E. Jelliffe, M.D., of Columbia University and W. A. White, M.D., Superintendent of the Government Hospital For Insane, Washington, D.C. Fourth Edition. 1908. New York and London: Funk and Wagnalls.

A book on an important subject by a great authority, appearing when public and professional attention is centered upon that subject, is sure of immediate attention and respect. This may especially be affirmed of Prof. Dubois' book. Not, of course, that the reader will agree with every statement of the author, but his point of view and his methods are worthy of careful consideration and study. His thesis is that the so-called psycho-neuroses are really psychic in origin and that their treatment must therefore be psychic. His methods are simple, clear and straightforward, and his results are marvellously good. Neurasthenia, hysteria, and their protean forms are considered at length, and the treatment carefully dealt with. The author, the translators, and the publishers, have placed us in their debt by giving us such a useful work. It makes one think.

The Force of Mind. ALFRED T. SCHOFIELD, M.D., M.R.C.S. Third Edition. New York and London: Funk & Wagnalls.

Dr. Schofield's discussions in the *British Medical Journal* and elsewhere upon the influence of the mind over the body are well known and interesting. He collects in the present volume many well known references in medical literature and elsewhere of instances of the influence of the mind or some part of it which he calls the "unconscious mind" over bodily disease. The book is full of true and wise things. On almost every page one finds something one has always believed, or wishes to learn, or to remember in the particular form in which it is presented, e. g., "a disease of the imagination is not an imaginary disease." The author wishes that nurses might be specially trained for "nerve cases," psychic training being essential here. The book is divided into two parts: I. The Action of the Mind in Causing Disease. II. The Action of

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Borderland Studies. Vol. II. GEORGE M. GOULD, M.D. Philadelphia: P. Blakiston's Son & Co.

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